

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN119AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/17/2009
NAME OF PROVIDER OR SUPPLIER HORIZON HILLS RSD GRP CARE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 8115 MOHAWK LN RENO, NV 89506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 6/4/09 through 6/17/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. Complaint #NV00022092 was substantiated. The following deficiencies were identified:	Y 000		
Y 050 SS=G	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/9/09, the administrator failed to ensure that a resident received needed services and protective supervision by not ensuring 1 of 6 residents received medications as prescribed (Resident #1).</p> <p>Findings include:</p> <p>Record review for Resident #1 revealed the diagnoses of hypertension, syncope, osteoarthritis, cerebrovascular accident, ETOH abuse and a history of a brain aneurysm, status post clipping. Physician orders indicated Resident #1 was to receive:</p> <p>Vitamin B1 100 milligrams (mg) - once daily Folic Acid, 1mg - once daily Lovastatin 40mg - once daily Amlodipine Besylate 10mg - once daily Finasteride 5mg - once daily Famotidine 20mg - twice daily Metoprolol 25mg - twice daily Doxazosin Mesylate 1mg - every night</p> <p>The Medication Administration Record (MAR) revealed Resident #1 did not receive his medications on 6/2/09, 6/5/09 and 6/8/09.</p> <p>Employee #1 was interviewed about the missing medications and stated that Resident #1 goes to work for a friend and often stays overnight and sometimes several days with the friend. The employee reported the facility does not give the resident medications for when he is out of the facility.</p> <p>Facility records documented Resident #1's blood pressure was measured on his return to the</p>	Y 050		

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Y 050	Continued From page 2 facility and was found to be elevated on the following dates: 6/3/09 - 167/112 and 189/121 6/6/09 - 212/99 and 175/128 6/8/09 - 174/133 Severity: 3 Scope: 1	Y 050			
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on record review on 6/9/09, the facility failed to have documentation of physician notification of missed medication for 1 of 6 residents. (Resident #1). Severity: 2 Scope: 1	Y 883			
Y 897 SS=D	449.2744(1)(b)(3) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to	Y 897			

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Y 897	<p>Continued From page 3</p> <p>each resident. The record must include: (3) The date and time that a resident refuses, or otherwise misses, an administration of medication.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/9/09, the facility failed to properly document missed medications for 1 of 6 residents (Resident #1).</p> <p>Severity: 2 Scope: 1</p>	Y 897			

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